

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1957

State File No. **24245**

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>144</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (If this place) <u>1 day</u>		c. CITY OR TOWN <u>Galt</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>0400</u>			
3. NAME OF DECEASED (Type or Print) <u>MANLY</u>		a. (First)		b. (Middle)		c. (Last) <u>BENNETT</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-28-1957</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>12-22-1879</u>		9. AGE (In years last birthday) <u>77</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Wiley Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Peters</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Stovall Bennett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>593X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace Bennett, Galt, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Coronary Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Benign Hypertension</u> DUE TO (c) <u>Glomerulonephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u> <u>unknown</u> <u>1-2 years</u> <u>1 1/2 - 2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1950</u> , to <u>July 28, 1957</u> , that I last saw the deceased alive on <u>July 28, 1957</u> , and that death occurred at <u>1:40 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Arthur R. Co.</u> (Degree or title)				23b. ADDRESS <u>Galt, Missouri</u>		23c. DATE SIGNED <u>July 30-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-31-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground Cemetery Sullivan Co.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/30/57</u>		REGISTRAR'S SIGNATURE <u>Frederic Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. J. Payne &amp; Son, Galt, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

AUG 14 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
(by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*P. K. Payne Jr.*

Licensed Embalmer No. 340

P. O. Address *Galt*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.